

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15683

State File No.

FILED MAY 15 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3974	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 16		c. CITY OR TOWN Velda Village		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Hospital				e. STREET ADDRESS (If rural, give location) 3104 Kemp Dr			
3. NAME OF DECEASED (Type or Print) Louis		a. (First) Lewis		b. (Middle) A.		c. (Last) Flowers	
4. DATE OF DEATH (Month) (Day) (Year) Apr 14 53		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	
8. DATE OF BIRTH Jun 18. 1891		9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Months Days 61		11. IF UNDER 24 HRS. Hours Min. 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) Piggott Ark				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME B.B. Flowers		13b. MOTHER'S MAIDEN NAME Sally Lack		14. NAME OF HUSBAND OR WIFE Alma Flowers			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY (If yes, give war or dates of service) W.W.I-2		17. INFORMANT'S SIGNATURE OR NAME Eva Harmon		ADDRESS 6734 West Park	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Coronary occlusion Cardio Vascular disease 3. mo				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from alive on 4/15 , 1953, and that death occurred at 6:00 p.m. , from the causes and on the date stated above.				23a. SIGNATURE (Type or Print) John B. Hoppe			
23b. ADDRESS 730 Hickman		23c. DATE SIGNED 4/15/53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-17-53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 16 1953		25. FUNERAL DIRECTOR'S SIGNATURE ALBERT H. HOPPE		ADDRESS 4700 WASHINGTON			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John J. Haines

Licensed Embalmer No. *4108*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 1568353

State of Missouri
 City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3974

On this 29th day of April, 1953, before me appears
Mrs. Eva Harman, who, upon her oath, states that the original record of ~~her~~ death
 for Lewis A. Flowers, died ~~xxxx~~ April 14-, 1953 in the State of
 Missouri, and which was filed at St. Louis, Mo. on Apr. 16, 1953, should be corrected as follows:

Item No. 3 should read Lewis A. Flowers
 Instead of Louis A. Flowers

Item No. 17 should read Eva Harman
 Instead of Eva Harmon

Item No. _____ should read _____
 Instead of _____

Item No. _____ should read _____
 Instead of _____

Item No. _____ should read _____
 Instead of _____

Item No. _____ should read _____
 Instead of _____

Item No. _____ should read _____
 Instead of _____

Item No. _____ should read _____
 Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Eva Harman Informant
 Relationship.

6734 West Park, St. Louis, Mo.
 Present Address.

Subscribed and sworn to before me this 29 day of April, 1953.
 My Commission expires 3-4-57 Edward J. [Signature] Notary Public.

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